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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/502,518
Filing Date	02/11/2000
First Named Inventor	SUNDARESAN, Neelakantan
Group Art Unit	2177
Examiner Name	Channayappa, Shyama J.
Attorney Docket Number	ARC-00-00044US1

Total Number of Pages in This Submission 24

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input checked="" type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Reply (19 Pages) | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | 1) Return postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm
or
Individual name

Samuel A. Kassatly

Signature

Date

07/09/2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 07/09/2002

Typed or printed name

Samuel A. Kassatly

Signature

Date

07/09/2002

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PTO/SB/17 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 120.00**Complete if Known**

Application Number	09/502,818
Filing Date	02/11/2000
First Named Inventor	SUNDARESAN, Neelakantan
Examiner Name	Channavajjala, Srirama T.
Group Art Unit	2177
Attorney Docket No.	ARC-00-0004-US1

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 09-0441
Deposit Account Name: International Business Machines

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		101	740	201	370	Utility filing fee	
		106	330	206	165	Design filing fee	
		107	510	207	255	Plant filing fee	
		108	740	208	370	Reissue filing fee	
		114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$) 0.00**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
22	-20** = 2	18.00	36.00
4	-3** = 1	84.00	84.00
Multiple Dependent			

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
		103	18	203	9	Claims in excess of 20
		102	84	202	42	Independent claims in excess of 3
		104	280	204	140	Multiple dependent claim, if not paid
		109	84	209	42	** Reissue independent claims over original patent
		110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 120.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		105	130	205	65	Surcharge - late filing fee or oath	
		127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
		139	130	139	130	Non-English specification	
		147	2,520	147	2,520	For filing a request for ex parte reexamination	
		112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
		115	110	215	55	Extension for reply within first month	
		116	400	216	200	Extension for reply within second month	
		117	920	217	460	Extension for reply within third month	
		118	1,440	218	720	Extension for reply within fourth month	
		128	1,960	228	980	Extension for reply within fifth month	
		119	320	219	160	Notice of Appeal	
		120	320	220	160	Filing a brief in support of an appeal	
		121	280	221	140	Request for oral hearing	
		138	1,510	138	1,510	Petition to institute a public use proceeding	
		140	110	240	55	Petition to revive - unavoidable	
		141	1,280	241	640	Petition to revive - unintentional	
		142	1,280	242	640	Utility issue fee (or reissue)	
		143	460	243	230	Design issue fee	
		144	620	244	310	Plant issue fee	
		122	130	122	130	Petitions to the Commissioner	
		123	50	123	50	Processing fee under 37 CFR 1.17(q)	
		126	180	126	180	Submission of Information Disclosure Stmt	
		581	40	581	40	Recording each patent assignment per property (times number of properties)	
		146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
		149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
		179	740	279	370	Request for Continued Examination (RCE)	
		169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0.00**SUBMITTED BY**

Name (Print/Type) Samuel A. Kassatly

Signature

Registration No. 32,247
(Attorney/Agent)**Complete (if applicable)**

Telephone 408-323-5111

Date 07/09/2002

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